

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-20-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M.K	1107	10/25/01
RESPONSE FORMALITY REVIEW	JM	927	01/17/02

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	+	1/5/03	
2	+	9/27/03	
3	+	9/5/03	
4	+	N	
5	+	N	
6	+	N	
7	+	N	
8	+	N	
9	+	N	
10	+	N	
11	+	N	
12	+	N	
13	+	N	
14	+	N	
15	+	N	
16	+	N	
17	+	N	
18	+	N	
19	+	N	
20	+	N	
21	+	N	
22	+	N	
23	+	N	
24	+	N	
25	+	N	
26	+	N	
27	+	N	
28	+	N	
29	+	N	
30	+	N	
31	+	N	
32	+	N	
33	+	N	
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35	+	N	
36	+	N	
37	+	N	
38	+	N	
39	+	N	
40	+	N	
41	+	N	
42	+	N	
43	+	N	
44	+	N	
45	+	N	
46	+	N	
47	+	N	
48	+	N	
49	+	N	
50	+	N	

Claim	Final	Original	Date
51	+	2/1/02	
52	+	2/1/02	
53	+	2/1/02	
54	+	2/1/02	
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56	+	2/1/02	
57	+	2/1/02	
58	+	2/1/02	
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92	+	2/1/02	
93	+	2/1/02	
94	+	2/1/02	
95	+	2/1/02	
96	+	2/1/02	
97	+	2/1/02	
98	+	2/1/02	
99	+	2/1/02	
100	+	2/1/02	

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
staple additional sheet here

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01-14-02  
 720  
 10-25-01